

Minimum Septic System Requirements

Property Owner/Agent

THIS AREA TO BE COMPLETED BY THE HEALTH DEPARTMENT

_____ Gallon Septic Tank
____ Yes ____ No Effluent Pump Required
_____ Gallon Dosing Tank
_____ Daily Dose Requirement (Daily Design Flow)
_____ Gallons Per Minute (Table VII)
_____ SQ. Feet Absorption Field
____ 36 _____ Inches, Trench Width
_____ Inches, Trench Depth From Original
Grade To Trench Bottom
_____ Feet of Dispersal Area Required Downslope From
System

System must be at least 50 feet from any well

12 inches of soil (minimum) required to be crowned over the field

____ Yes ____ No Perimeter or Interceptor Drain Required

The Perimeter Drain must be at least 10 feet from the absorption field

_____ Starting Depth Of Perimeter Drain
_____ Upslope Side Only, Backfilled With Gravel To
Within 6 Inches Of Original Grade
_____ All Four Sides, No Aggregate Required (But
Recommended)
____ Yes ____ No Geotextile Wrap Required On Tile

THE PROPERTY OWNER AND/OR HIS AGENT CERTIFIES THAT TO HIS/HER KNOWLEDGE ALL THE INFORMATION
SUBMITTED IS CORRECT AND THE SYSTEM WILL BE INSTALLED AS APPROVED IN COMPLIANCE WITH
410 IAC 6-8.1.

THIS APPLICATION WILL BE CONSIDERED PENDING UNTIL ALL OF THE PROCEEDING INFORMATION AS DETERMINED
BY THE HEALTH OFFICER OR HIS DESIGNEE HAS BEEN PROVIDED BY THE PROPERTY OWNER OR HIS/HER AGENT TO
THE DECATUR COUNTY HEALTH DEPARTMENT. NO SITE APPROVAL WILL BE ISSUED UNTIL ALL INFORMATION IS
PROVIDED BY THE PROEPRTY OWNER/AGENT AND APPROVED BY THE HEALTH OFFICER OR DESIGNEE.

SIGNATURE OF PROPERTY OWNER/AGENT

DATE _____

IF THE SEPTIC SYSTEM CANNOT BE INSTALLED IN THE AREA SPECIFIED BY THE SOIL TEST AND AS REQUIRED
ABOVE, I WILL CALL THE DECATUR COUNTY HEALTH DEPARTMENT AS (812) 663-8301 BEFORE BEGINNING WORK.

SIGNATURE OF SEPTIC INSTALLER

DATE _____

SIGNATURE OF HEALTH OFFICER/DESIGNEE

DATE _____